

# DCS Medicaid Training

HP Provider Relations  
March 2012



# Agenda

- What is Medicaid
- Outpatient Mental Health
- Access to Web interChange
- Indiana Medicaid Website Resources
- Web interChange Inquiry Tools
- Claims Filing
- Remittance Advise
- Helpful Tools
- Questions



# Learn

What is Medicaid?



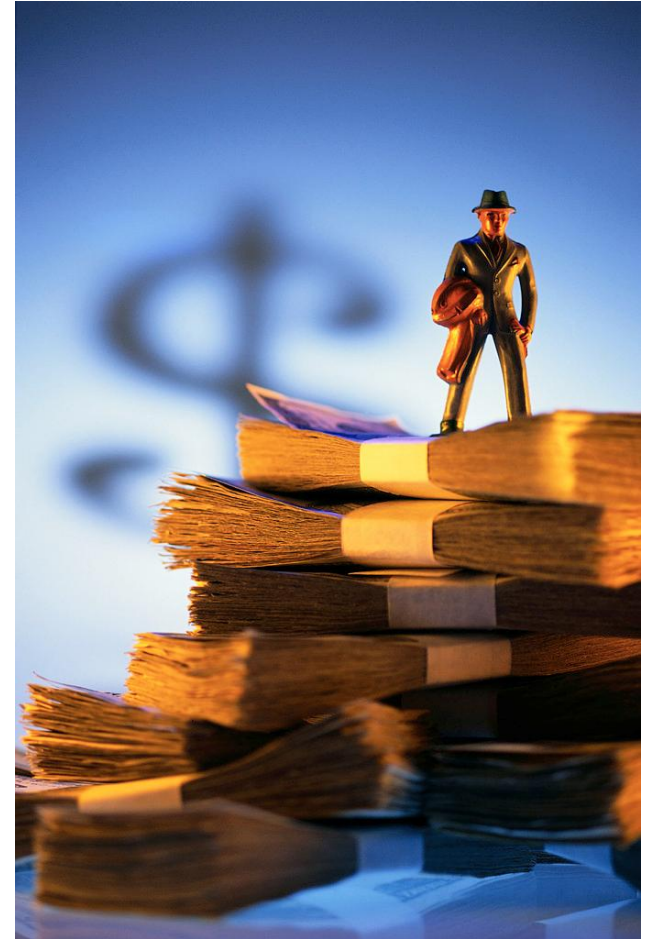
# What is Medicaid?

- Medicaid is funded by both federal and state dollars
- Medicaid is an entitlement program, which means that any person who meets his or her state's Medicaid eligibility criteria has a federal right to Medicaid coverage in that state
  - The state **cannot limit enrollment** in the program or establish a waiting list



# Who Pays for Medicaid?

- The federal government matches state spending on Medicaid
- Federal law outlines basic minimum requirements that all states' Medicaid programs must fulfill
  - However, states have broad authority to define eligibility, benefits, provider payments, and other aspects of their programs



# Indiana Health Coverage Programs

## DCS Medicaid 101

FSSA

OMPP

MAXIMUS

FSSA = Family & Social Services  
Administration  
OMPP = Office of Medicaid Policy  
and Planning  
MAXIMUS = Enrollment Broker

*Traditional  
Medicaid*

*Care Select*

*Healthy Indiana Plan*

*Hoosier Healthwise  
Risk-Based Managed Care*

Managed  
Behavioral Health  
Organizations

HP

590 Program

MDwise  
(Care Select)

ADVANTAGE  
(Care Select)

MDwise

Anthem Blue Cross  
Blue Shield

Enhanced Services  
Plan (ESP)

MHS

MDwise

MHS

Anthem

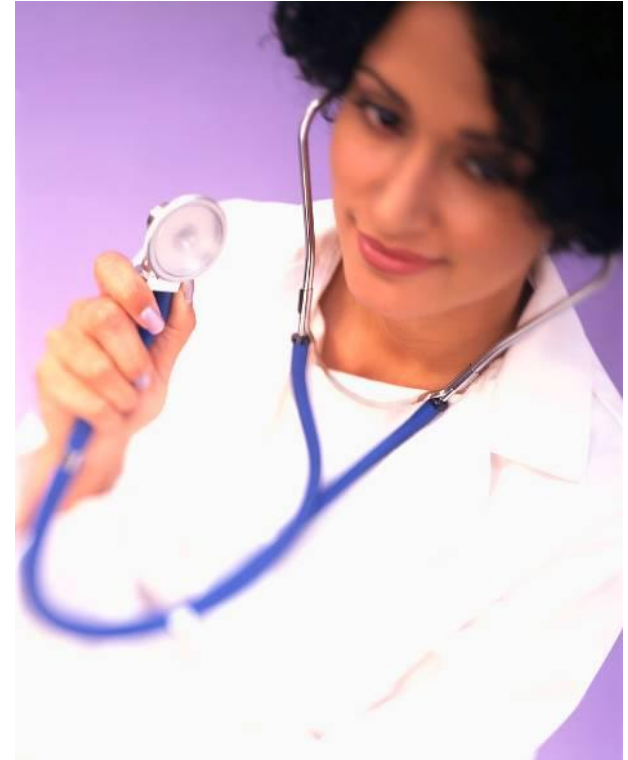
MDwise

Cenpatico  
Behavioral Health

Anthem

# Risk-Based Managed Care

- Services that are the responsibility of the managed care entities (MCEs)
  - Office visits with a mental health diagnosis
  - Services ordered by a provider enrolled in a mental health specialty, but provided by a nonmental health specialty, such as a laboratory and radiology
  - Mental health services provided in an acute care hospital
  - Inpatient stays in an acute care hospital or freestanding psychiatric facility for treatment of substance abuse or chemical dependency



# Risk-Based Managed Care

- Services provided to RBMC members by the following specialty types are the responsibility of the MCEs
  - Freestanding Psychiatric Hospital (011)
  - Outpatient Mental Health Clinic (110)
  - Community Mental Health Center (111)
  - Psychologist (112)
  - Certified Psychologist (113)
  - health service provider in psychology (HSPP) (114)
  - Certified Clinical Social Worker (115)
  - Certified Social Worker (116)
  - Psychiatric Nurse (117)
  - Psychiatrist (339)





# Risk-Based Managed Care

## – MCEs

- Anthem [anthem.com](https://www.anthem.com)
- Managed Health Services (MHS) [managedhealthservices.com](https://www.managedhealthservices.com)
- MDwise [mdwise.org](https://www.mdwise.org)

## – Behavioral Health Organizations (BHOs)

- Anthem [anthem.com](https://www.anthem.com)
- Cenpatco (MHS) [cenpatco.com](https://www.cenpatco.com)
- MDwise [mdwise.org](https://www.mdwise.org)



# Care Select Organizations

PA

- ADVANTAGE Health Solutions

[advantageplan.com](http://advantageplan.com)

P.O. Box 80068

Indianapolis, IN 46280

Phone: 1-800-784-3981

Fax: 1-800-689-2759

- MDwise

[mdwise.org](http://mdwise.org)

P.O. Box 44214

Indianapolis, IN 46244-0214

Phone: 1-866-440-2449

Fax: 1-877-822-7186



# Indiana Medicaid State Contractors



***State Contractors  
Involved in the  
Administration of  
the Indiana Health  
Coverage Programs  
(Indiana Medicaid)***



# State Contractor

## HP Enterprise Services

- Serves as the state fiscal agent and a liaison between the provider and member communities and the Indiana Health Coverage Programs (IHCP)
- Manages the processing of claims (fee-for-service)
- Processes a variety of financial transactions, including claim payments, voids, refunds, and accounts receivable
- Processes provider enrollment applications and updates to existing provider records
- Provides training to the provider community through on-site visits, conferences, and workshops
- Provides member and provider customer assistance



# State Contractor

ADVANTAGE Health SolutionsSM

- ADVANTAGE Health Solutions FFS  
P.O. Box 40789 Indianapolis, IN 46240  
Phone: 1-800-269-5720  
Fax: 1-800-689-2759
- Processes prior authorization (PA) requests
  - Advantage Primary PA Contact:  
Gary Poynter, PA Escalation Coordinator  
Phone: 317-810-4527  
Email: [gpoynter@advantageplan.com](mailto:gpoynter@advantageplan.com)
  - Advantage Secondary PA Contact:  
Paula Chamblin, PA Manager  
Phone: 317-810-4456  
Email: [pchamblin@advantageplan.com](mailto:pchamblin@advantageplan.com)





# Understand

## Outpatient Mental Health

# Outpatient Mental Health

- As stated in (IAC) 405 IAC 5-20-8 the IHCP reimburses for outpatient mental health services when provided by:
  - Licensed physicians
  - Psychiatric hospitals
  - Psychiatric wings of acute care hospitals
  - Outpatient mental health facilities
  - Licensed psychologists with the HSPP designation



# Outpatient Mental Health

- The IHCP also reimburses under *405 IAC 5-20-8* for psychiatrist or HSPP-directed outpatient mental health services for group, family, and individual outpatient psychotherapy when such services are provided by one of the following practitioners
  - (A) A licensed psychologist
  - (B) A licensed independent practice school psychologist
  - (C) A licensed clinical social worker
  - (D) A licensed marital and family therapist
  - (E) A licensed mental health counselor
  - (F) A person holding a master's degree in social work, marital and family therapy, or mental health counseling, except that partial hospitalization services provided by such person shall not be reimbursed by Medicaid
  - (G) An advanced practice nurse who is a licensed, registered nurse with a master's degree in nursing with a major in psychiatric or mental health nursing from an accredited school of nursing
- **Mid-level practitioners are not enrolled by the IHCP**



# Outpatient Mental Health

## Psychiatrist or HSPP responsibilities

- Must certify the diagnosis and supervise the plan of treatment as stated in *405 IAC 5-20-8 (3) (a) (b)*
- Must see the patient or review information obtained by a mid-level practitioner within seven days of intake
- Must see the patient or review documentation to certify treatment plan and specific modalities at intervals not to exceed 90 days
- Must document and personally sign all reviews
  - No co-signatures on documentation
- Must be available for emergencies
  - An emergency is a sudden onset of a psychiatric condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in (1) danger to the individual, (2) danger to others, or (3) death of the individual

# Outpatient Mental Health

## PA requirements

- PA is required for units in excess of 20 per member, per rendering provider, per rolling 12-month period
  - Codes below in combination are subject to 20 units per member, per rendering provider, per rolling 12-month period
    - 90804 through 90815
    - 90845 through 90857
    - 96151 through 96153
- Requests for PA should include a current plan of treatment and progress notes to support the effectiveness of therapy
- Reference the *IHCP Provider Manual Chapter 6* for PA guidelines and instructions
  - MCEs may have different PA requirements; providers are encouraged to contact each MCE for PA processes



# Outpatient Mental Health

What is a rolling 12-month period?

- A rolling 12-month period is
  - Based on the first date that services are rendered by a particular provider
  - Renewable one unit at a time beginning 365 days after the date that services are rendered by a particular provider
- It is not
  - Based on a 12-month calendar year
  - Based on a fiscal year
  - Renewable on January 1 of each year



# Outpatient Mental Health

## Psychiatric diagnostic interview (90801)

- One unit of psychiatric diagnostic interview (90801) is allowed per member, per provider, per rolling 12-month period per *IAC 405 IAC 5-20-8 (14)*
- Additional units require PA
- Exception: Two units are allowed without PA if separate evaluations are performed by a psychiatrist or HSPP and a mid-level practitioner

# Outpatient Mental Health

## Billing overview

- Appropriate modifiers must be used for mid-level practitioners
  - AH – Clinical psychologist
  - AJ – Clinical social worker
  - HE and SA – Nurse practitioner or nurse specialist
  - HE – Any other mid-level practitioner as addressed in the *405 IAC 5-20-8*
  - HO – Master's degree level
  - SA – Nurse practitioner or clinical nursing specialist (CNS) in a nonmental health arena

# Request

Access to Web interchange

# Administrator Request Form

- The Administrator Request Form is used to designate at least one individual to act as the administrator for Web interChange
- A link to the form can be found on the "How To Obtain an ID" page
- Submit a letter of acknowledgement on your company's letterhead from the organization's owner, indicating you are approved as an administrator for your organization
  - Providers may have multiple administrators
  - A separate form for each administrator is required
  - Multiple administrators may be listed on the letter of acknowledgement
- If the organization has multiple provider numbers (LPIs), only one Administrator Request Form for each administrator is needed
  - List the individual LPIs and provider names on the letter of acknowledgement
  - Administrators are linked to the nine-digit LPI, not to individual locations





# Administrator Request Form

- Complete and mail the Administrator Request Form to
  - HP Enterprise Services  
Electronic Solutions Help Desk  
950 N. Meridian Street  
Suite 1150  
Indianapolis, IN 46204-4288
- Request form and letter may be faxed to
  - Fax: (317) 488-5185
- Turnaround time is 5 to 7 days



# Resource

[www.indianamedicaid.com](http://www.indianamedicaid.com)

# Welcome to IHCP Web Site

www.indianamedicaid.com



# IHCP Web Site

Home page for providers

http://provider.indianamedicaid.com/

Indiana Medicaid Provider Home

INDIANA MEDICAID *for Providers*

Contact Us | Search Tips | Site Map

About Indiana Medicaid | Become a Provider | General Provider Services | Provider-Specific Information | News, Bulletins, and Banners

**QUICK LINKS**

- Claims/Billing
- Electronic Data Interchange
- FAQs
- Fee Schedule
- Forms
- Manuals
- Pharmacy Services
- Prior Authorization
- Provider Search
- Provider Enrollment
- Preferred Drug List
- Presumptive Eligibility
- Provider Education
- Verify Member Eligibility
- Access Provider Profile
- Check Claims Status

## WELCOME

Welcome to the Indiana Health Coverage Programs (IHCP) provider Web site. On this site, you will find complete program information and requirements, as well as online access to [enroll as a provider](#), [submit and check claims](#), [verify member eligibility](#), [register for provider training](#), and much more. If you have questions, comments, or suggestions, please take a few minutes to provide us with [Web Site Feedback](#) (Contact Us > Web Site Feedback) - or talk to your IHCP Provider Relations representative.

## NEWS AND ANNOUNCEMENTS

[Web Tools Virtual Training](#)  
04/05/2011 - Web Tools Virtual Training

[Sign Up for Second-Quarter Workshops](#)  
04/05/2011 - Sign Up for Second-Quarter Workshops

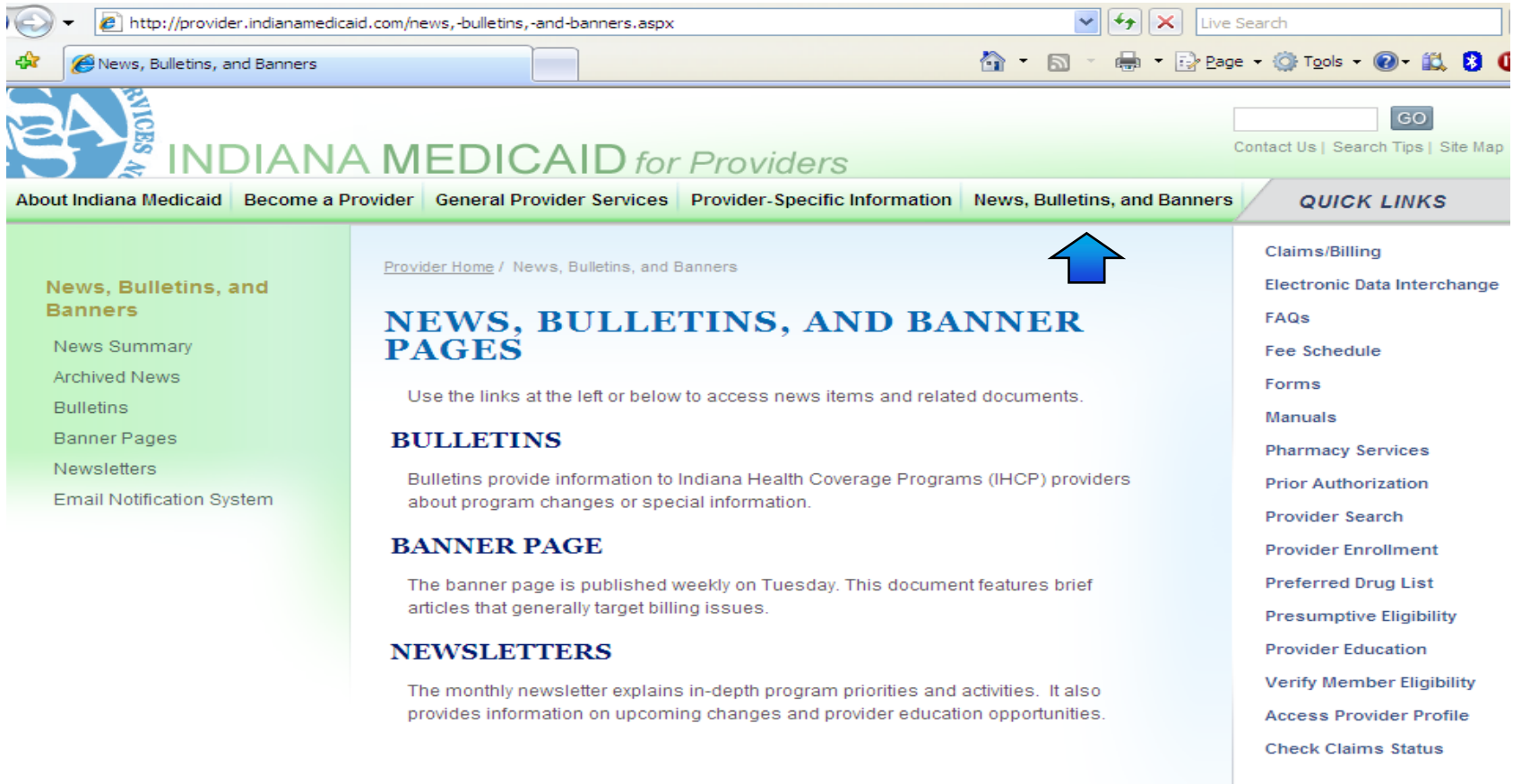
[Clarification: Nursing Facility Leave Days](#)

**Keep up on recent news**



# News, Bulletins, Banner Pages

Your keys to staying informed



The screenshot shows a web browser window with the URL <http://provider.indianamedicaid.com/news,-bulletins,-and-banners.aspx>. The page title is "News, Bulletins, and Banners". The header features the Indiana Medicaid logo and the text "INDIANA MEDICAID for Providers". A navigation bar includes links: "About Indiana Medicaid", "Become a Provider", "General Provider Services", "Provider-Specific Information", "News, Bulletins, and Banners", and "QUICK LINKS". The "News, Bulletins, and Banners" section is highlighted. On the left, a sidebar lists: "News, Bulletins, and Banners", "News Summary", "Archived News", "Bulletins", "Banner Pages", "Newsletters", and "Email Notification System". The main content area has a blue arrow pointing to the "News, Bulletins, and Banners" link in the navigation bar. Below the arrow, the section is titled "NEWS, BULLETINS, AND BANNER PAGES". A paragraph states: "Use the links at the left or below to access news items and related documents." The section is divided into three sub-sections: "BULLETINS", "BANNER PAGE", and "NEWSLETTERS". "BULLETINS" states: "Bulletins provide information to Indiana Health Coverage Programs (IHCP) providers about program changes or special information." "BANNER PAGE" states: "The banner page is published weekly on Tuesday. This document features brief articles that generally target billing issues." "NEWSLETTERS" states: "The monthly newsletter explains in-depth program priorities and activities. It also provides information on upcoming changes and provider education opportunities." On the right, a "QUICK LINKS" sidebar lists: "Claims/Billing", "Electronic Data Interchange", "FAQs", "Fee Schedule", "Forms", "Manuals", "Pharmacy Services", "Prior Authorization", "Provider Search", "Provider Enrollment", "Preferred Drug List", "Presumptive Eligibility", "Provider Education", "Verify Member Eligibility", "Access Provider Profile", and "Check Claims Status".

[Provider Home](#) / [News, Bulletins, and Banners](#)

## NEWS, BULLETINS, AND BANNER PAGES

Use the links at the left or below to access news items and related documents.

### BULLETINS

Bulletins provide information to Indiana Health Coverage Programs (IHCP) providers about program changes or special information.

### BANNER PAGE

The banner page is published weekly on Tuesday. This document features brief articles that generally target billing issues.

### NEWSLETTERS

The monthly newsletter explains in-depth program priorities and activities. It also provides information on upcoming changes and provider education opportunities.

#### QUICK LINKS

- [Claims/Billing](#)
- [Electronic Data Interchange](#)
- [FAQs](#)
- [Fee Schedule](#)
- [Forms](#)
- [Manuals](#)
- [Pharmacy Services](#)
- [Prior Authorization](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [Preferred Drug List](#)
- [Presumptive Eligibility](#)
- [Provider Education](#)
- [Verify Member Eligibility](#)
- [Access Provider Profile](#)
- [Check Claims Status](#)



# Bulletins

Archived listing of provider bulletins

**Bulletin Search**

Archived documents: ☐  
View Current Listing:  *Sorted newest to oldest*

Keyword or Bulletin #:   *Example: web or NL200601*

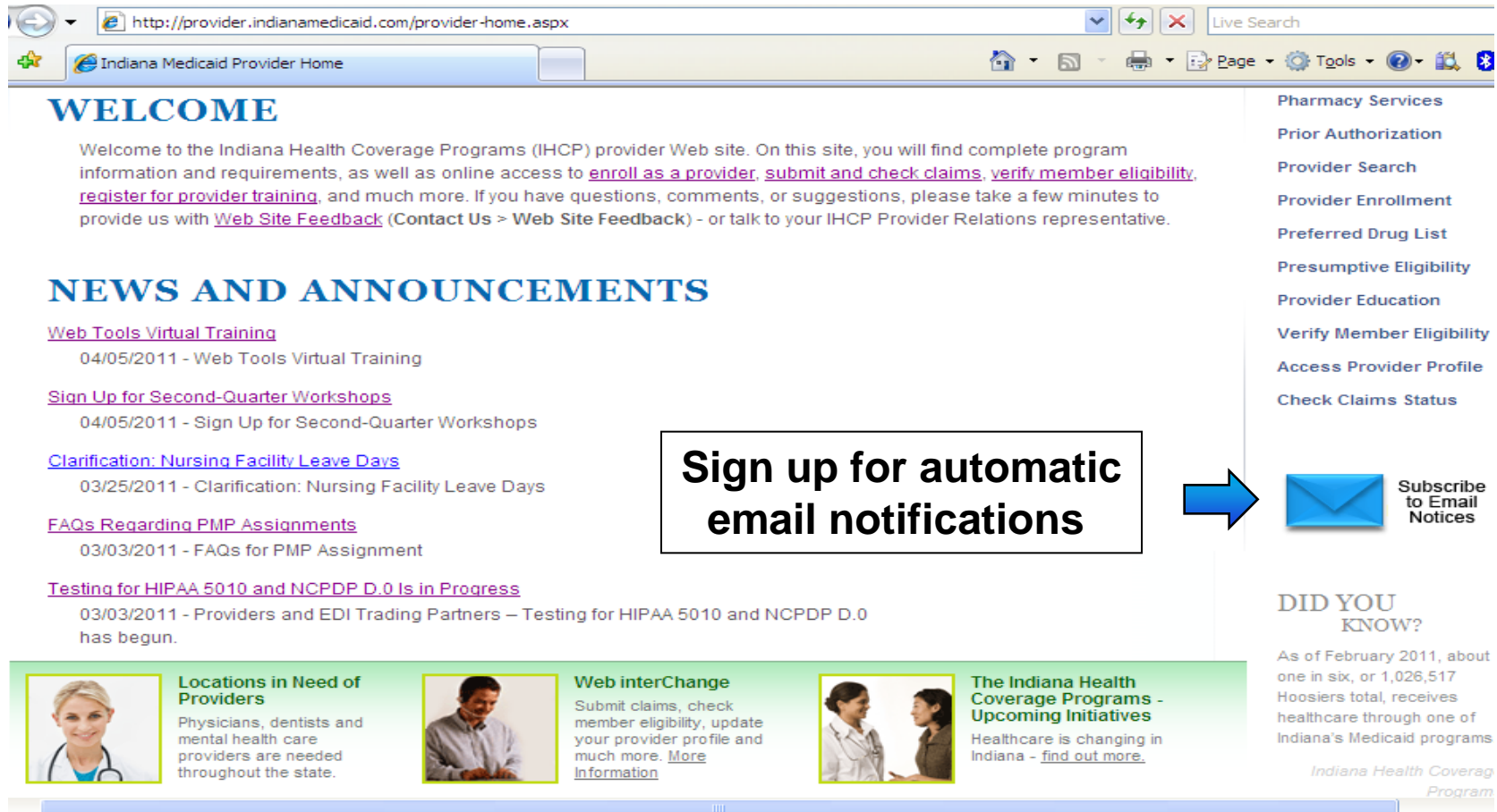
Page Number  
1 2 3 4 [Next 20]

Bulletin #	Date	Topics	Type
<a href="#">BT201103</a>	2/15/2011	Enhanced Outpatient Facility Code Auditing	Hospitals, ASCs
<a href="#">BT201102</a>	2/15/2011	Enhanced Physician Code Auditing	Physicians
<a href="#">BT201101</a>	2/15/2011	National Correct Coding Initiative Implementation Institutional Outpatient Claims	Hospitals, ASCs
<a href="#">BT201062</a>	12/30/2010	Coverage Determinations for the New 2011 HCPCS Codes	All
<a href="#">BT201061</a>	12/28/2010	Change in Member Benefit for Nursing Facility Leave Days	Nursing Facility
<a href="#">BT201060</a>	12/13/2010	Revision: New Prior Authorization for Elective Hospital Inpatient Admission	All
<a href="#">BT201059</a>	12/13/2010	Revision: Dental Cap Increased to \$1,000	Dental
<a href="#">BT201058</a>	12/7/2010	Therapy Services Limitations	All
<a href="#">BT201057</a>	12/7/2010	Reduction in Transportation Reimbursement	Transportation
<a href="#">BT201056</a>	11/30/2010	Changes to the Preferred Drug List	Pharmacy, Prescribing

**A complete listing of past bulletins is available**

# Bulletins, Banner Pages, and Newsletters

## Automatic Email notification



The screenshot shows the Indiana Medicaid Provider Home website. A callout box with the text "Sign up for automatic email notifications" has a blue arrow pointing to the "Subscribe to Email Notices" link in the right-hand sidebar. The sidebar also lists other services like Pharmacy Services, Prior Authorization, and Provider Search. The main content area features a "WELCOME" message, "NEWS AND ANNOUNCEMENTS" with several links and dates, and a footer with three sections: "Locations in Need of Providers", "Web interChange", and "The Indiana Health Coverage Programs - Upcoming Initiatives".

**WELCOME**

Welcome to the Indiana Health Coverage Programs (IHCP) provider Web site. On this site, you will find complete program information and requirements, as well as online access to [enroll as a provider](#), [submit and check claims](#), [verify member eligibility](#), [register for provider training](#), and much more. If you have questions, comments, or suggestions, please take a few minutes to provide us with [Web Site Feedback](#) (Contact Us > Web Site Feedback) - or talk to your IHCP Provider Relations representative.

**NEWS AND ANNOUNCEMENTS**

[Web Tools Virtual Training](#)  
04/05/2011 - Web Tools Virtual Training

[Sign Up for Second-Quarter Workshops](#)  
04/05/2011 - Sign Up for Second-Quarter Workshops

[Clarification: Nursing Facility Leave Days](#)  
03/25/2011 - Clarification: Nursing Facility Leave Days

[FAQs Regarding PMP Assignments](#)  
03/03/2011 - FAQs for PMP Assignment

[Testing for HIPAA 5010 and NCPDP D.0 Is in Progress](#)  
03/03/2011 - Providers and EDI Trading Partners – Testing for HIPAA 5010 and NCPDP D.0 has begun.

**Sign up for automatic email notifications**

**Subscribe to Email Notices**

**DID YOU KNOW?**

As of February 2011, about one in six, or 1,026,517 Hoosiers total, receives healthcare through one of Indiana's Medicaid programs

*Indiana Health Coverage Program*

**Locations in Need of Providers**  
Physicians, dentists and mental health care providers are needed throughout the state.

**Web interChange**  
Submit claims, check member eligibility, update your provider profile and much more. [More Information](#)

**The Indiana Health Coverage Programs - Upcoming Initiatives**  
Healthcare is changing in Indiana - [find out more.](#)

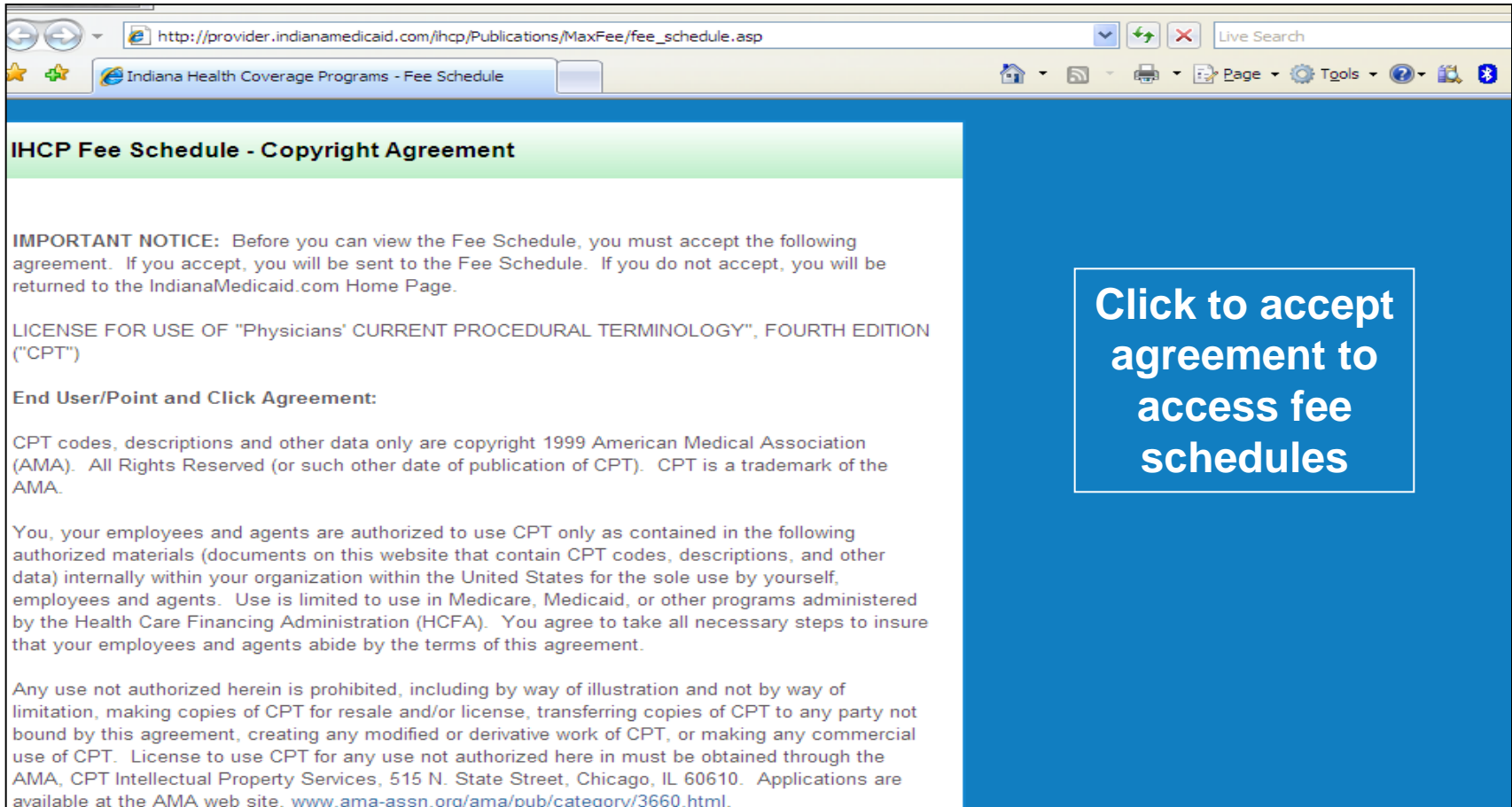
# Fee Schedules

Reimbursement rates, coverage, and PA information

The screenshot shows a web browser window with the URL <http://provider.indianamedicaid.com/general-provider-services/billing-and-remittance/fee-schedule.aspx>. The page title is "Fee Schedule". The website header includes the "INDIANA MEDICAID for Providers" logo and navigation links: "About Indiana Medicaid", "Become a Provider", "General Provider Services", "Provider-Specific Information", "News, Bulletins, and Banners", and "QUICK LINKS". The "QUICK LINKS" menu includes: "Claims/Billing", "Electronic Data Interchange", "FAQs", "Fee Schedule", "Forms", "Manuals", "Pharmacy Services", "Prior Authorization", "Provider Search", "Provider Enrollment", "Preferred Drug List", "Presumptive Eligibility", "Provider Education", "Verify Member Eligibility", "Access Provider Profile", and "Check Claims Status". The main content area has a breadcrumb trail: "Provider Home / General Provider Services / Billing and Remittance / Fee Schedule". The section title is "FEE SCHEDULE". Below it, a paragraph states: "The fee schedule is updated monthly. The revised fee schedule is published on this Web site on the Tuesday following the last Sunday of the month." A blue arrow points to the link "[View Fee Schedule](#)". The left sidebar contains a "Fee Schedule" section with links: "Providing Services", "Billing and Remittance", "Code Sets", "Fee Schedule", "Explanation of Benefits (EOB)", "FAQs - Submitting Claims", "Best Practices for Medicaid Claims Processing", "Electronic Data Interchange (EDI) Solutions", "Web interChange", "Claims Administrative Review and Appeal", "Provider Education", "Manuals", and "Forms".

# Fee Schedules

## Accepting agreement



The screenshot shows a web browser window with the URL [http://provider.indianamedicaid.com/ihcp/Publications/MaxFee/fee\\_schedule.asp](http://provider.indianamedicaid.com/ihcp/Publications/MaxFee/fee_schedule.asp). The page title is "Indiana Health Coverage Programs - Fee Schedule". The main heading is "IHCP Fee Schedule - Copyright Agreement".

**IMPORTANT NOTICE:** Before you can view the Fee Schedule, you must accept the following agreement. If you accept, you will be sent to the Fee Schedule. If you do not accept, you will be returned to the IndianaMedicaid.com Home Page.

LICENSE FOR USE OF "Physicians' CURRENT PROCEDURAL TERMINOLOGY", FOURTH EDITION ("CPT")

**End User/Point and Click Agreement:**

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On the right side of the page, there is a blue box with white text that says: "Click to accept agreement to access fee schedules".

# Fee Schedules

## Searching by procedure code

Indiana Health Care Program - Fee Schedule - Windows Internet Explorer provided by HP Enterprise Services | INXIX

File Edit View Favorites Tools Help

McAfee

http://provider.indianamedicaid.com/ihcp/Publications/MaxFee/fee\_home.asp

Live Search

Indiana Health Care Program - Fee Schedule

### IHCP Fee Schedule

**NOTE:** Should you have landed here as a result of a search engine (or other) link, be advised that these files contain material that is copyrighted by the American Medical Association. You are forbidden to access the files unless you read, agree to, and abide by the provisions of the copyright statement. Read and accept the [copyright statement](#) now and you will be returned to this page.

The IHCP Fee Schedule has been enhanced to provide information regarding all CPT- 4 Procedure codes, HCPCS and ADA codes currently recognized by the IHCP. This fee schedule is intended for use by providers who bill services on the HCFA 1500 Claim Form and the Dental Claim Form only. The information contained on this Fee Schedule does not pertain to providers who use the UB-92 or Pharmacy Claim form. Information for UB-92 and Pharmacy billers can be found in the IHCP Provider Manual, [Chapter 7, Reimbursement Methodologies](#).

This is an interactive site that allows you to [View the Entire Fee Schedule](#), or [Search by Procedure Code](#), [Procedure Code Range](#), or [Procedure Code Description](#). The IHCP Fee Schedule includes a variety of search capabilities such as procedure code range and keywords, i.e., [tooth, surgery, etc](#).

You can also [download the entire Fee Schedule](#) in a format that can be imported into several computer applications including Microsoft Excel and Microsoft Access. See the [Fee Schedule instructions](#) for more information on using this file.

Information regarding each procedure code, such as program coverage, the maximum allowed fee, prior authorization requirements, and anesthesia base units is available on the Fee Schedule.

ASC Codes: [View](#) a chart of ASC assignment codes along with effective dates and pricing. For ASC assignment codes specific to a CPT/HCPCS code, search by procedure code or procedure description.

Done Internet 100%

# Fee Schedules

Search by code, range of codes, or description

**IHCP Fee Schedule - Search**

**Search by Procedure Code**  
Enter a Procedure Code in the text box provided and press the Submit button to start your query. You may also enter up to 4 modifiers to further refine your query.

Procedure Code:  Modifiers:

**Search by Procedure Code Description**  
To search for Procedure Code Descriptions containing specific text, select how you would like for us to search for that text and then enter the text. The result of your selections should make a complete sentence. For example: Selecting Contains and keying in the word surgical, would return all entries containing the word surgical, regardless of the relative placement of that word within the description. The resulting sentence ("Find any Procedure where the Description contains surgical") describes what you want to do. You may also enter up to 4 modifiers to further refine your query.

Find any Procedure where the Description:

Modifiers:

**Search by Procedure Code Range**  
Enter a beginning Procedure Code and then an ending Procedure Code in the text boxes provided and click on the Submit button to start your query. You may also enter up to 4 modifiers to further refine your query.

Beginning Procedure Code:   
Ending Procedure Code:   
Modifiers:



## Reimbursement rates and coverage information

Ending Procedure Code:  Modifiers:  Submit

\* Code values are described on the [Fee Schedule Instructions](#) page.  
View ASC Code Pricing information by clicking on the ASC Code, or you can view the entire [ASC Pricing Table](#).  
View a chart of reimbursement percentages for manually priced CPT codes with effective dates for UB-04.  
View a chart of reimbursement percentages for manually priced CPT codes with effective dates for CMS-1500.

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Taxonomy Code	Program Coverage	Program PA	Pricing/Program Indicator	Pricing Effective Date	Pricing End Date	Pricing Modifier	Waiver Type	ASC Code
90801									10/01/00				
	Units Min:	0			Units Max:	0		Fee Schedule Amt:	\$	Anesthesia Base Unit:	0		
	Procedure Desc:					PSYCHIATRIC DIAGNOSTIC IN		Modified Desc:					
90801	SE					4	4						
	Units Min:	0			Units Max:	0		Fee Schedule Amt:	\$0.00	Anesthesia Base Unit:	0		
	Procedure Desc:					PSYCHIATRIC DIAGNOSTIC IN		Modified Desc:	SE- STATE AND/ OR FEDERALLY-FUNDED PROGRAMS/SERVICE				
90801	TL	S2				4	4						00
	Units Min:	0			Units Max:	0		Fee Schedule Amt:	\$0.00	Anesthesia Base Unit:	0		
	Procedure Desc:					PSYCHIATRIC DIAGNOSTIC IN		Modified Desc:	TL - FIRST STEPS S2 - REDUCED SERVICES (15 MIN INCREMENTS)				

# Fee Schedule Instructions

## Coverage and PA

The screenshot shows a web browser window with the URL <http://provider.indianamedicaid.com/ihcp/Publications/MaxFee/instructions.asp>. The page title is "IHCP Fee Schedule - Instructions". The main content area has a light green header and a white body. The body contains a paragraph explaining that procedure codes are listed in ascending order followed by alpha procedure codes, and that the information is reflective of the most current allowed rate for all procedure codes pertinent to CMS 1500, 837 Professional and Dental billers. The IHCP Fee Schedule is "at a minimum" updated monthly. To determine the allowed rate for a given procedure code, perform the following steps:

- Find the procedure code on the Fee schedule.
- Modifiers displayed under the headings Mod1, Mod2, Mod3, and Mod4, and the taxonomy should be considered part of the procedure code combination. If you are billing with a procedure code and modifier, or a procedure code, modifier and/or taxonomy combination, look for the procedure code combination on the fee schedule.
- If the procedure code has a Normal or Manual pricing indicator, there will be no fee schedule amount listed. Refer to the Indiana Health Coverage Programs Provider Manual for questions concerning Manual pricing.
- The Program Coverage Value descriptors are:
  1. Traditional Medicaid and Hoosier Healthwise covered.
  2. Traditional Medicaid and Hoosier Healthwise covered, with the exception of Package C.
  3. Package C covered only.
  4. Not covered.
- The Program PA Values descriptors are:
  1. PA required for Traditional Medicaid and Hoosier Healthwise.
  2. PA required for Traditional Medicaid and Hoosier Healthwise, with the exception of Package C.
  3. PA only required for Package C.
  4. PA not required.

Two blue arrows point from the right side of the page to the lists of descriptors. The first arrow points to the first item in the Program Coverage Value descriptors list, and the second arrow points to the first item in the Program PA Values descriptors list. On the right side of the page, there are two blue boxes with white text. The top box contains the text "Program Coverage Value 1 = covered" and the bottom box contains the text "Program PA Value 4 = PA not required".

# PA Forms

http://provider.indianamedicaid.com/general-provider-services/forms.aspx#PA

Forms

**PRIOR AUTHORIZATION**

Description			Revision Date
Prior Authorization - System Update Request Form	<a href="#">Acrobat</a>	<a href="#">Word</a>	October 2007
Prior Review and Authorization Dental Request Form	<a href="#">Acrobat</a>	<a href="#">Word</a>	October 2007
Prior Review and Authorization Request Form	<a href="#">Acrobat</a>	<a href="#">Word</a>	October 2007
Medicaid Appeal Request Form	<a href="#">Acrobat</a>	<a href="#">Word</a>	December 2009
Universal Prior Authorization Request Form - MCEs	<a href="#">Acrobat</a>	<a href="#">Word</a>	January 2011
Universal Prior Authorization Request Form-MCEs-Instructions	<a href="#">Acrobat</a>		October 2010

**PROVIDER CORRESPONDENCE FORMS**

Description			Revision Date
Certification Statement by Medicaid-Enrolled Nursing Facilities	<a href="#">Acrobat</a>		October 2002

# Universal PA Form

http://provider.indianamedicaid.com/media/48641/pa%20form.pdf

http://provider.indianamedicaid.com/media/48641/pa...

Live Search

Page Tools ? IT

Find

## Indiana Health Coverage Programs Prior Authorization Request Form

Check the box of the plan in which the member is enrolled.

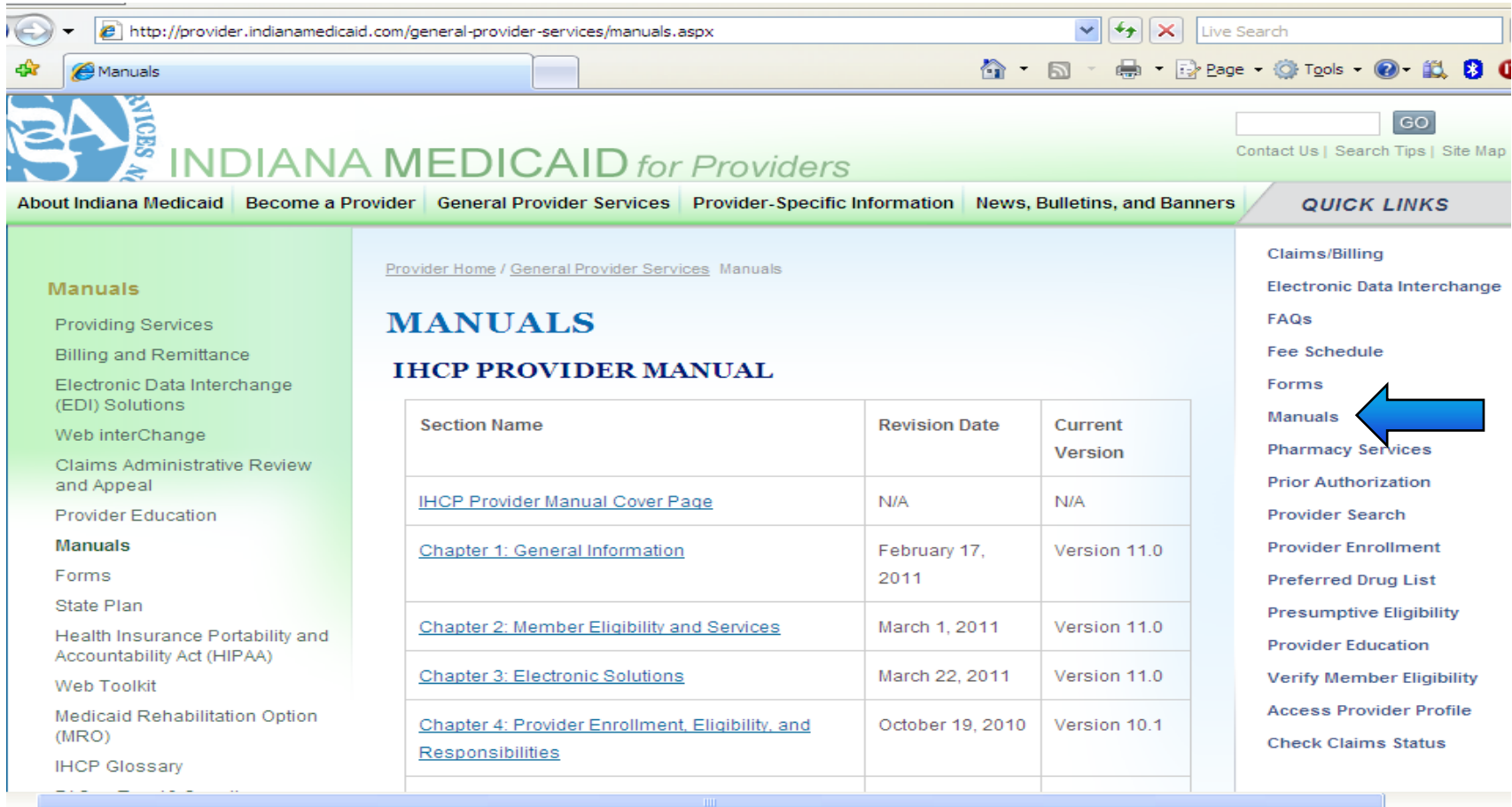
<b>Traditional</b>	<input type="checkbox"/> Advantage Traditional	P: 800-269-5720	F: 800-689-2759
<b>Hoosier Healthwise</b>	<input type="checkbox"/> Anthem Hoosier Healthwise	P: 866-408-7187	F: 866-406-2803
	<input type="checkbox"/> Anthem HHW – SFHN	P: 800-291-4140	F: 800-747-3693
	<input type="checkbox"/> MDwise Hoosier Healthwise	See <a href="http://www.mdwise.org">www.mdwise.org</a>	
	<input type="checkbox"/> MHS Hoosier Healthwise	P: 877-647-4848	F: 866-912-4245
<b>Healthy Indiana Plan</b>	<input type="checkbox"/> Anthem HIP	P: 866-398-1922	F: 866-406-2803
	<input type="checkbox"/> MDwise HIP	See <a href="http://www.mdwise.org">www.mdwise.org</a>	
	<input type="checkbox"/> MHS HIP	P: 877-647-4848	F: 866-912-4245
<b>Care Select</b>	<input type="checkbox"/> Advantage Care Select	P: 800-784-3981	F: 800-689-2759
	<input type="checkbox"/> MDwise Care Select	P: 866-440-2449	F: 877-822-7186

**Please complete all appropriate fields.**

Patient Information	Requesting Provider Information:
Medicaid ID/RID#:	NPI#:
DOB:	Tax ID#:
Patient Name:	Service Location Code:
Address:	Provider Name:
City/State/Zip:	<b>Rendering Provider Information</b>

# Manuals

## IHCP provider and supplemental manuals



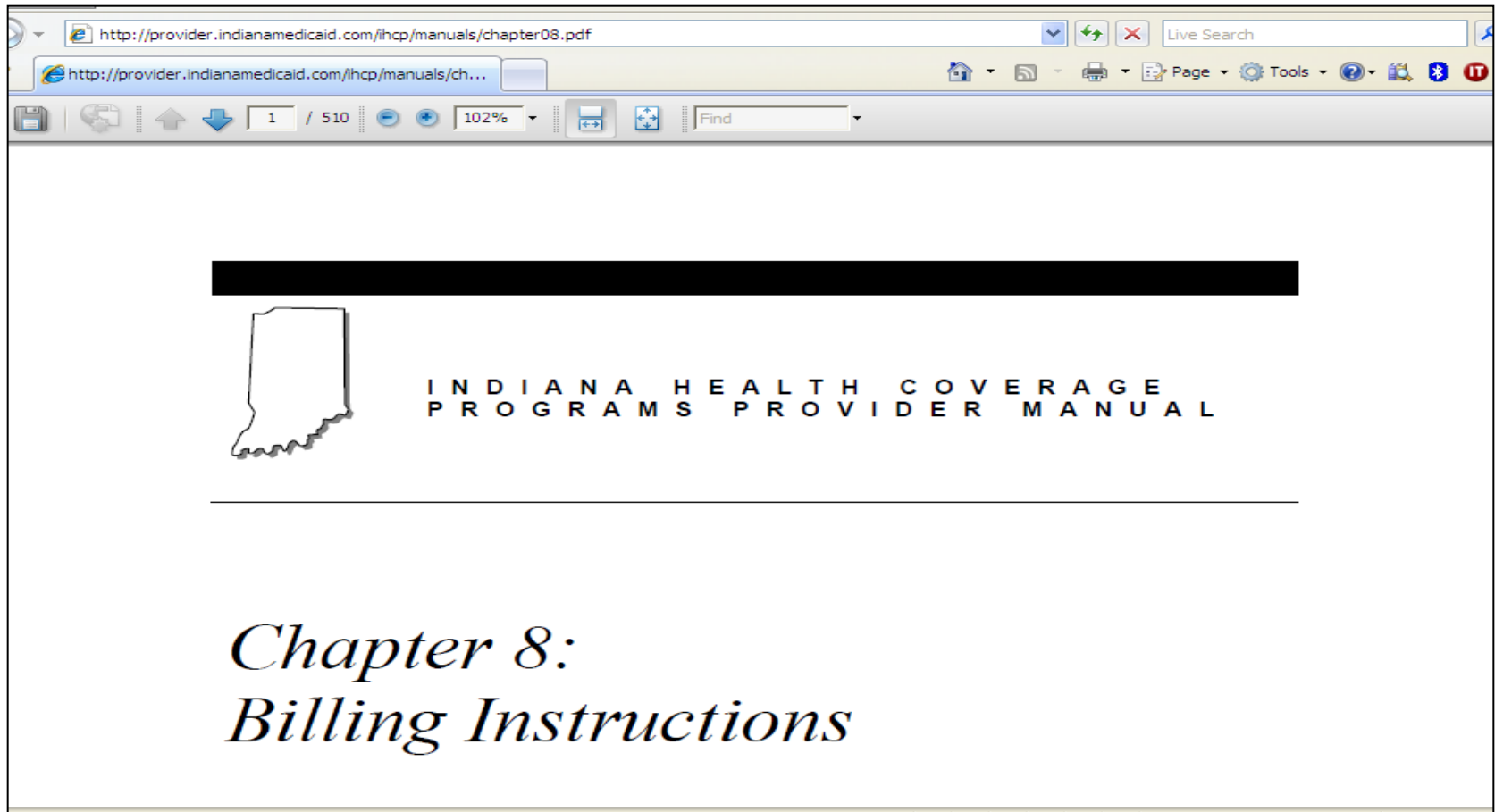
The screenshot shows the Indiana Medicaid for Providers website. The browser address bar displays <http://provider.indianamedicaid.com/general-provider-services/manuals.aspx>. The website header includes the Indiana Medicaid logo and the text "INDIANA MEDICAID for Providers". A navigation bar contains links: "About Indiana Medicaid", "Become a Provider", "General Provider Services", "Provider-Specific Information", "News, Bulletins, and Banners", and "QUICK LINKS". The "QUICK LINKS" section lists various services, with "Manuals" highlighted by a blue arrow. The main content area is titled "MANUALS" and "IHCP PROVIDER MANUAL". It contains a table with the following data:

Section Name	Revision Date	Current Version
<a href="#">IHCP Provider Manual Cover Page</a>	N/A	N/A
<a href="#">Chapter 1: General Information</a>	February 17, 2011	Version 11.0
<a href="#">Chapter 2: Member Eligibility and Services</a>	March 1, 2011	Version 11.0
<a href="#">Chapter 3: Electronic Solutions</a>	March 22, 2011	Version 11.0
<a href="#">Chapter 4: Provider Enrollment, Eligibility, and Responsibilities</a>	October 19, 2010	Version 10.1

The left sidebar lists various services under the "Manuals" heading, including "Providing Services", "Billing and Remittance", "Electronic Data Interchange (EDI) Solutions", "Web interChange", "Claims Administrative Review and Appeal", "Provider Education", "Forms", "State Plan", "Health Insurance Portability and Accountability Act (HIPAA)", "Web Toolkit", "Medicaid Rehabilitation Option (MRO)", and "IHCP Glossary".

# IHCP Provider Manual

## Chapter 8 Billing Instructions





# Search Feature

“Sterilization” appears 14 times

http://provider.indianamedicaid.com/ihcp/manuals/chapter08.pdf

Live Search

16 / 510 81%

Sterilization

**Search**

Looking For:  
**Sterilization in the current document**

Results:  
**1 documents with 14 instances**

New Search

Results:

- IHCP Provider Manual
  - Sterilization and
  - Sterilization/Hys
  - Sterilization/Hys
  - Sterilization and
  - Sterilization ren
  - Sterilization Hys

☒ Collapse file paths

[Use Basic Search Options](#)  
[Save and View this PDF in](#)  
[Find a word in the current](#)

Chapter 8  
Table of Contents

Indiana Health Coverage Programs Provider Manual

Section 7: Informed Consent Claim Attachment Instructions..... 8-467

- Abortions and Related Services..... 8-467
- Documentation Requirements..... 8-467
- Medical Abortion by Oral Ingestion of Medication..... 8-469
- Sterilization and Hysterectomy ..... 8-471
- Sterilizations ..... 8-471
- Limitations ..... 8-471
- Informed Consent..... 8-474
- Retroactive Eligibility or Failure to Provide Proof of Eligibility ..... 8-474
- Consent Forms..... 8-475
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- Hysterectomy Billing ..... 8-477
- Informed Consent and Acknowledgement Statement..... 8-478
- Retroactive Eligibility ..... 8-479

Section 8: Healthcare Common Procedure Coding System Codes..... 8-480

- Fee Schedule ..... 8-480
- HCPCS Codes Requiring Attachments ..... 8-480

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**Utilize either search feature to quickly find subject matter**

# Contact Us

How to contact people you need



The screenshot shows a web browser window with the URL <http://provider.indianamedicaid.com/contact-us.aspx>. The page title is "INDIANA MEDICAID for Providers". The navigation bar includes links: "About Indiana Medicaid", "Become a Provider", "General Provider Services", "Provider-Specific Information", "News, Bulletins, and Banners", and a "QUICK LINKS" section. The "Contact Us" page is displayed, featuring a sidebar with "Contact Us", "Provider Relations Field Consultants", and "Web Site Feedback". The main content area has a breadcrumb trail "Provider Home / Contact Us", a "CONTACT US" heading, a paragraph about contacting vendors, a bulleted list of contact methods, a "WRITTEN CORRESPONDENCE" section, and a "FREQUENTLY ASKED QUESTIONS" section. A "QUICK LINKS" sidebar on the right lists various services. Blue arrows highlight the "Contact Us" link in the sidebar and the "CONTACT US" heading in the main content area.

**Contact Us**

Provider Relations Field Consultants

Web Site Feedback

Provider Home / Contact Us

## CONTACT US

There are multiple ways to contact the vendors contracted to perform services on behalf of the Indiana Health Coverage Programs.

- The [Provider Quick Reference](#) lists phone numbers and other information for vendors.
- The [Provider Relations Field Consultants](#) assist providers with enrollment, using Web interChange, solving problems, and so on.
- The [Web Site Feedback](#) tool is a convenient way to submit comments about this Web site.

### WRITTEN CORRESPONDENCE

The Written Correspondence staff is available to research issues for providers who are experiencing difficulty in receiving claim payment. Please note that corrected claim forms and requests for hearings and appeals cannot be submitted via email, but should be submitted via standard mail to the appropriate mailing address.

[Email Written Correspondence](#)

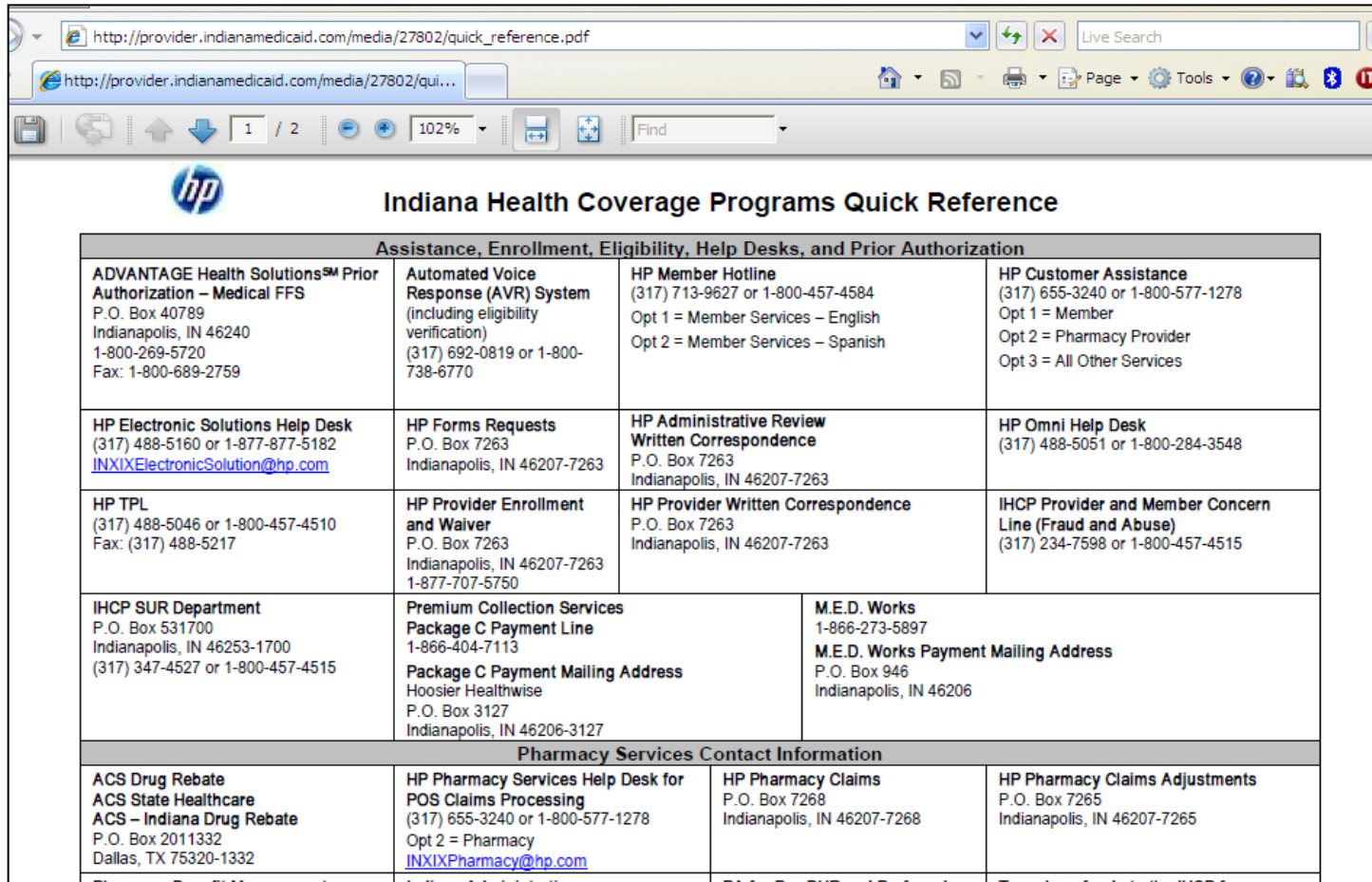
### FREQUENTLY ASKED QUESTIONS

**QUICK LINKS**

- Claims/Billing
- Electronic Data Interchange
- FAQs
- Fee Schedule
- Forms
- Manuals
- Pharmacy Services
- Prior Authorization
- Provider Search
- Provider Enrollment
- Preferred Drug List
- Presumptive Eligibility
- Provider Education
- Verify Member Eligibility
- Access Provider Profile
- Check Claims Status

# Contact Us

Quick Reference Guide contains valuable contact information



**Indiana Health Coverage Programs Quick Reference**

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization			
<b>ADVANTAGE Health Solutions<sup>SM</sup> Prior Authorization – Medical FFS</b> P.O. Box 40789 Indianapolis, IN 46240 1-800-269-5720 Fax: 1-800-689-2759	<b>Automated Voice Response (AVR) System</b> (including eligibility verification) (317) 692-0819 or 1-800-738-6770	<b>HP Member Hotline</b> (317) 713-9627 or 1-800-457-4584 Opt 1 = Member Services – English Opt 2 = Member Services – Spanish	<b>HP Customer Assistance</b> (317) 655-3240 or 1-800-577-1278 Opt 1 = Member Opt 2 = Pharmacy Provider Opt 3 = All Other Services
<b>HP Electronic Solutions Help Desk</b> (317) 488-5160 or 1-877-877-5182 <a href="mailto:INXIXElectronicSolution@hp.com">INXIXElectronicSolution@hp.com</a>	<b>HP Forms Requests</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>HP Administrative Review Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>HP Omni Help Desk</b> (317) 488-5051 or 1-800-284-3548
<b>HP TPL</b> (317) 488-5046 or 1-800-457-4510 Fax: (317) 488-5217	<b>HP Provider Enrollment and Waiver</b> P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	<b>HP Provider Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>IHCP Provider and Member Concern Line (Fraud and Abuse)</b> (317) 234-7598 or 1-800-457-4515
<b>IHCP SUR Department</b> P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 or 1-800-457-4515	<b>Premium Collection Services</b> <b>Package C Payment Line</b> 1-866-404-7113 <b>Package C Payment Mailing Address</b> Hoosier Healthwise P.O. Box 3127 Indianapolis, IN 46206-3127	<b>M.E.D. Works</b> 1-866-273-5897 <b>M.E.D. Works Payment Mailing Address</b> P.O. Box 946 Indianapolis, IN 46206	
Pharmacy Services Contact Information			
<b>ACS Drug Rebate</b> <b>ACS State Healthcare</b> <b>ACS – Indiana Drug Rebate</b> P.O. Box 2011332 Dallas, TX 75320-1332	<b>HP Pharmacy Services Help Desk for POS Claims Processing</b> (317) 655-3240 or 1-800-577-1278 Opt 2 = Pharmacy <a href="mailto:INXIXPharmacy@hp.com">INXIXPharmacy@hp.com</a>	<b>HP Pharmacy Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>HP Pharmacy Claims Adjustments</b> P.O. Box 7265 Indianapolis, IN 46207-7265
<b>Pharmacy Benefit Management</b>	<b>Indiana Administrative</b>	<b>PA for Pres. DUP and Preferred</b>	<b>To make refunds to the IHCP for</b>



# Contact Us

## How to contact your field consultant

Screenshot of the Indiana Medicaid Provider Relations Field Consultants page.

**Provider Relations Field Consultants**

**INDIANA MEDICAID for Providers**

[Contact Us](#) | [Search Tips](#) | [Site Map](#)

[About Indiana Medicaid](#) | [Become a Provider](#) | [General Provider Services](#) | [Provider-Specific Information](#) | [News, Bulletins, and Banners](#) | **QUICK LINKS**

**Provider Relations Field Consultants**

[Provider Relations Field Consultants](#)


[Territory Map](#)

[Web Site Feedback](#)

[Provider Home](#) / [Provider Relations Field Consultants](#)

## PROVIDER RELATIONS FIELD CONSULTANTS

### TERRITORY MAP



### FIELD CONSULTANTS BY TERRITORY

Territory Number	Consultant Name	Telephone	Counties Served
1	Jessie	(317) 498	Jasper, Lake, LaPorte, Newton, Porter

**QUICK LINKS**

- [Claims/Billing](#)
- [Electronic Data Interchange](#)
- [FAQs](#)
- [Fee Schedule](#)
- [Forms](#)
- [Manuals](#)
- [Pharmacy Services](#)
- [Prior Authorization](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [Preferred Drug List](#)
- [Presumptive Eligibility](#)
- [Provider Education](#)
- [Verify Member Eligibility](#)
- [Access Provider Profile](#)
- [Check Claims Status](#)



# Understand

## Inquiry Resources

# Eligibility Inquiry

Provides detail information on eligibility status

**Eligibility Inquiry** Close

**Top half of eligibility screen**

**Query Information**

Search For: ☒ NPI ☐ Legacy Provider ID

NPI:  Taxonomy Code:  Postal Code:  -

Search Criteria:

Member ID:

From Date:  To Date:

**Eligibility Information**

Member is Eligible from 03/04/2005 to 03/29/2005 for PACKAGE A STANDARD PLAN

Inquiry completed at 4:23:35 PM on 2/22/2011

Member Name	ANGE MEDICARE	Member ID	000000000000
Address	123 ANYWHERE STREET GREENFIELD, IN 46140		
Date of Birth	08/05/1930		
Spend Down	No		
Medicare	Part A	Medicare Number	000
Nursing Home Resident	No	Patient Liability	\$0.00
Restricted	No		
QMB	No		
Other Private Insurance	No		

**Spend-Down**

None



# Eligibility Inquiry


Provides detail information on eligibility status

Member is Eligible from 03/04/2005 to 03/29/2005 for PACKAGE A STANDARD PLAN			
Inquiry completed at 4:23:35 PM on 2/22/2011			
Member Name	ANGIE MEDICARE	Member ID	000000000000
Address	123 ANYWHERE STREET GREENFIELD, IN 46140		
Date of Birth	08/05/1930		
Spend Down	No		
Medicare	Part A	Medicare Number	000
Nursing Home Resident	No	Patient Liability	\$0.00
Restricted	No		
QMB	No		
Other Private Insurance	No		

Bottom half of eligibility screen

Spend-Down	None
Managed Care Information	None
Member is restricted to	None
Third Party Carrier Information	None
<a href="#">TPA Update Request</a>	
County Information	<a href="#">Show County Info</a>
Benefit Limits Reached For Inquiring Provider Type	None
Helpful Hints	
◆ Use the <a href="#">NPI Reporting Tool</a> to report your National Provider Identifier (NPI) to IHCP.	
◆ Click on any field label to get more information about the field.	
◆ Review the <a href="#">Help Page</a> to find more information about how to use this site.	
◆ Please direct comments, problems or suggestions concerning using this site to <a href="#">Indiana Medicaid</a> .	

# PA Inquiry

 **Prior Authorization Inquiry**

[interChange Home](#)  
[Indiana Medicaid](#)  
[Administration Menu](#)  
[Check/RA Inquiry](#)  
[Claim Inquiry](#)  
[Claim Submission](#)  
[Eligibility Inquiry](#)  
[PA Inquiry](#)  
[PA Submission](#)  
[Provider Profile](#)  
[User Lists](#)  
[User Profile](#)  
[Help](#)  
[FAQ](#)  
[How to Obtain an ID](#)  
[Contact Us](#)  
[Logon](#)  
[Logoff](#)  
[Change Password](#)

**Provider/Member ID/Request**  
Search for: ☒ NPI ☐ Legacy Provider ID  
NPI   
Taxonomy Code  Postal Code   
Member ID   
Confirmation #  PA #


**Request Information**  
Procedure Code  Modifiers   
Revenue Code   
Service Date   
Assignment Code

PA#	Confirmation#	Member ID	Start Date	End Date	Amount	Units	Status
-----	---------------	-----------	------------	----------	--------	-------	--------

**Enter PA number or Confirmation number to inquire on status of PA**

# PA Inquiry

## Search results

 **Prior Authorization Inquiry**

[interChange Home](#)  
[Indiana Medicaid](#)  
[Birth Expenditures](#)  
[Check/RA Inquiry](#)  
[Claim Inquiry](#)  
[Claim Submission](#)  
[CS Notif Inquiry](#)  
[Eligibility Inquiry](#)  
[MRO Inquiry](#)  
[NOP Inquiry](#)  
[PA Inquiry](#)  
[Pharm Member Profile](#)  
[Provider Profile](#)  
[User Lists](#)

**Provider/Member ID/Request**

Search for: ☒ NPI ☐ Legacy Provider ID

NPI

Taxonomy Code  Postal Code

Member ID

Confirmation #  PA #

**Request Information**


Procedure Code  Modifiers

Revenue Code

Service Date

Assignment Code


**Search** **Reset**



PA#	Confirmation#	Member ID	Start Date	End Date	Amount	Units	Status
<a href="#">0000000000</a>	<a href="#">000000000000</a>	<a href="#">000000000000</a>	02/10/2010	03/11/2010	\$0.00	30.000	APPROVED
<a href="#">0000000000</a>	<a href="#">000000000000</a>	<a href="#">000000000000</a>	03/12/2010	04/10/2010	\$0.00	30.000	APPROVED
<a href="#">0000000000</a>	<a href="#">000000000000</a>	<a href="#">000000000000</a>	04/11/2010	05/10/2010	\$0.00	30.000	APPROVED
<a href="#">0000000000</a>	<a href="#">000000000000</a>	<a href="#">000000000000</a>	05/11/2010	06/09/2010	\$0.00	30.000	APPROVED
<a href="#">0000000000</a>	<a href="#">000000000000</a>	<a href="#">000000000000</a>	06/10/2010	07/09/2010	\$0.00	30.000	APPROVED
<a href="#">0000000000</a>	<a href="#">000000000000</a>	<a href="#">000000000000</a>	07/10/2010	08/08/2010	\$0.00	30.000	APPROVED
<a href="#">0000000000</a>	<a href="#">000000000000</a>	<a href="#">000000000000</a>	08/09/2010	09/07/2010	\$0.00	30.000	APPROVED

# PA Inquiry

## Search results

 **Prior Authorization Inquiry**

Provider/Request Information

NPI:

Legacy Provider ID: 0000000000

Provider Name:

Confirmation #:

PA #: 0000000000

Patient Information

Member ID: 000000000000

Member Last Name:

Member First Name: Member Middle Init:

Member Gender: Member Birth Date:

Shows units and dollars authorized and used

Detail Information


Status	Procedure	Modifiers	Rev. Code	Start Date	End Date	Units Auth	Units Used	Amount Auth	Amount Used
1 APPROVED	T2048			02/10/2010	03/11/2010	30.000		\$0.00	
2 APPROVED	T2048			03/12/2010	04/10/2010	30.000	30.000	\$0.00	\$0.00
3 APPROVED	T2048			04/11/2010	05/10/2010	30.000	30.000	\$0.00	\$0.00
4 APPROVED	T2048			05/11/2010	06/09/2010	30.000	30.000	\$0.00	\$0.00
5 APPROVED	T2048			06/10/2010	07/09/2010	30.000	30.000	\$0.00	\$0.00
6 APPROVED	T2048			07/10/2010	08/08/2010	30.000	30.000	\$0.00	\$0.00
7 APPROVED	T2048			08/09/2010	09/07/2010	30.000	30.000	\$0.00	\$0.00
8 APPROVED	T2048			09/08/2010	10/07/2010	30.000	30.000	\$0.00	\$0.00



# Learn

Claim filing

# Logon Screen

 **Welcome to Web interChange**

[interChange Home](#)  
[Indiana Medicaid](#)  
[Help](#)  
[FAQ](#)  
[How to Obtain an ID](#)  
[Contact Us](#)  
[■ Logon](#)  
[Logoff](#)  
[Reset Password](#)

**This secure website allows you to inquire upon your Indiana Health Coverage Programs claim information quickly and easily.**

### Logon to Web interChange

◆ **Already have a User ID and password?**  
If you already have a User ID and password, enter that information in the following spaces.

User ID


Password

**Log On**

◆ **Forget your password?**  
**Reset it yourself!** The Reset Password function allows the user to reset their own password. For more information regarding the Reset Password functionality, visit the [Automated Password Reset Help](#) page.  
OR  
Go to your group administrator to have your password reset, or, if you don't yet have an administrator, call the Electronic Solutions Helpdesk @ (317) 488-5160. To find an administrator for your organization, please use the [Administrator Listing](#) function.

◆ **First time here?**  
If you are not yet enrolled to use this service, please read [How to Obtain a Web interChange User ID and password](#)

◆ **Need additional help?**  
[Web interChange Help](#) and [Web interChange FAQs](#) provide answers to many commonly asked questions.





# Claim Submission

## Professional



### Claims Processing Menu

[interChange Home](#)  
[Indiana Medicaid](#)  
[Administration Menu](#)  
[Birth Expenditures](#)  
[Check/RA Inquiry](#)  
[Claim Inquiry](#)  
**[Claim Submission](#)**  
[CS Notif Inquiry](#)  
[Eligibility Inquiry](#)  
[MRO Inquiry](#)  
[NOP Inquiry](#)  
[PA Inquiry](#)  
[Pharm Member Profile](#)  
[Provider Profile](#)  
[User Lists](#)  
[User Profile](#)  
[Help](#)  
[FAQ](#)  
[How to Obtain an ID](#)  
[Contact Us](#)  
[Logon](#)  
[Logoff](#)

#### Institutional Claims

- [Inpatient](#)
- [Outpatient](#)
- [Home Health](#)
- [Long Term Care](#)
- [Institutional Crossover](#)
- [Outpatient Crossover](#)

#### Professional Claims


- [Medical](#) (includes HCBS Waiver)
- [Medical Crossover](#)

#### Dental Claims

- [Dental](#)


Helpful Hints

- ◆ Use the [NPI Reporting Tool](#) to report your National Provider Identifier (NPI) to IHCP.
- ◆ Click on any field label to get more information about the field.
- ◆ Review the [Help Page](#) to find more information about how to use this site.
- ◆ Please direct comments, problems or suggestions concerning using this site to [Indiana Medicaid](#).



# Claim Submission

## Professional – header information

 **Professional Claim**

\* denotes a required field.

**Billing Information**

* NPI	<input type="text" value="0000000000"/>	Postal Code	<input type="text"/> - <input type="text"/>	Taxonomy	<input type="text"/>
* Legacy Provider Id	<input type="text"/>				
* Member ID	<input type="text" value="000000000000"/>				
* Last Name	<input type="text" value="MOUSE"/>	* First Name	<input type="text" value="MICKEY"/>	* Patient Account #	<input type="text" value="001"/>
Rendering Provider	<input type="text"/>	Rendering NP	<input type="text"/>	Rendering Taxonomy	<input type="text"/>
Referring Provider	<input type="text"/>	Referring NPI	<input type="text"/>	Referring Taxonomy	<input type="text"/>
Certification Code	<input type="text"/>	* Signature Indicator	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Record #	<input type="text"/>

[Notes...](#) [Attachments...](#)

# Web interChange – 1500 Electronic filing

Primary  Diag 2  Diag 3  Diag 4   
Diag 5  Diag 6  Diag 7  Diag 8

Detail information

Detail #  1 \* From DOS  \* To DOS   
Place of Service  \* Procedure Code  Modifiers   
Related Diagnosis  \* Units  \* Charges   
\* Emergency? ☐ Yes ☒ No Line Item Control #  \* EPSDT Referral ☐ Yes ☒ No  
Rendering Provider  Rendering NPI  Rendering Taxonomy   
NDC  Quantity  Unit of Measure

[Notes...](#) [Detail Benefits Info](#) [Other Payer Info](#)

[Save Detail](#) [Reset Detail](#)

Detail #	From DOS	To DOS	Procedure	Modifiers	Units	Charges
<div><a href="#">Add Detail</a> <a href="#">Delete Detail</a> <a href="#">Copy Detail</a></div>						

[Submit Claim](#) [Reset Claim](#) [Cancel Claim](#)

# Paper Claim Form Locators – CMS-1500

1500										CARRIER	
HEALTH INSURANCE CLAIM FORM											
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05											
PICA										PICA	
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (ID)					1a. INSURED'S I.D. NUMBER (For Program in Item 1)						
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY SEX M F					4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other					7. INSURED'S ADDRESS (No., Street)	
CITY STATE					8. PATIENT STATUS Single Married Other					CITY STATE	
ZIP CODE TELEPHONE (Include Area Code)					Employed Full-Time Student Part-Time Student					ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) b. AUTO ACCIDENT? PLACE (State) c. OTHER ACCIDENT?					11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. INSURED'S DATE OF BIRTH MM DD YY SEX M F					b. EMPLOYER'S NAME OR SCHOOL NAME	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F					c. OTHER ACCIDENT? YES NO					c. INSURANCE PLAN NAME OR PROGRAM NAME	
c. EMPLOYER'S NAME OR SCHOOL NAME					10d. RESERVED FOR LOCAL USE					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.	
d. INSURANCE PLAN NAME OR PROGRAM NAME					12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED DATE					SIGNED DATE						
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					17b. NPI					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? YES NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
1. 2. 3. 4.										23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS E. DIAGNOSIS POINTER										F. \$ CHARGES G. DAYS UNITS H. EPICOT Entry Fee I. ID. QUAL J. RENDERING PROVIDER ID. #	
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? YES NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)					32. SERVICE FACILITY LOCATION INFORMATION					33. BILLING PROVIDER INFO & PH # ( )	
SIGNED DATE					a. b.					a. b.	

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

APPROVED CMS-0938-0999 FORM CMS-1500 (08-05)



# Claim Inquiry

Claim history can be selected a variety of ways

**Claim Inquiry**

interChange Home  
Indiana Medicaid  
Administration Menu  
Check/RA Inquiry  
■ Claim Inquiry  
Claim Submission  
Eligibility Inquiry  
PA Inquiry  
PA Submission  
Provider Profile  
User Lists  
User Profile  
Help  
FAQ  
How to Obtain an ID  
Contact Us  
Logon  
Logoff  
Change Password

Provider/Member ID/ICN  
Search For: ☒ NPI ☐ Legacy Provider ID  
NPI:   
Taxonomy Code:  Postal Code:   
Member ID:   
ICN:

Claim Information  
Claim Status:  Claim Type:   
From Date:  To Date:   
Date Type:

**Search** **Reset**

ICN	Member ID	First Date	Last Date	Billed Amount	Paid Amount	RA Date	Type	Status
2008	000000000000	03/04/2005	03/29/2005	\$607.10	\$0.00	08/15/2008	Home Health	Denied
2008	000000000000	09/14/2007	09/25/2007	\$11,137.24	\$0.00	08/15/2008	Inpatient	Denied
2008	000000000000	11/15/2007	11/15/2007	\$94.00	\$83.25	08/12/2008	Dental	V/R - Paid
6208	000000000000	11/15/2007	11/15/2007	\$84.00	\$47.75	08/12/2008	Dental	V/R - Denied
2008	000000000000	01/09/2008	01/09/2008	\$660.00	\$260.97	08/12/2008	Dental	V/R - Paid
2008	000000000000	01/09/2008	01/09/2008	\$655.00	\$0.00	08/15/2008	Dental	Denied
2008	000000000000	01/09/2008	01/09/2008	\$627.00	\$0.00	08/28/2008	Dental	Denied
2008	000000000000	01/09/2008	01/09/2008	\$627.00	\$0.00	08/28/2008	Dental	Denied
2008	000000000000	06/01/2008	06/01/2008	\$45.00	\$45.00	08/28/2008	Medical	Paid
2008	000000000000	06/01/2008	06/01/2008	\$45.00	\$0.00	08/28/2008	Medical	Denied
2008	000000000000	06/02/2008	06/02/2008	\$90.00	\$0.00	08/15/2008	Medical	V/R - Denied

Access eligibility information by clicking on member ID



# Review

## Remittance Advice



# Paperless Remittance Advice

- Each week, a listing of all submitted claims displays on the Remittance Advice (RA)
- The RA sorts the claim information according to claim type and status (paid, denied, and so on)
- Access the Check/RA Inquiry feature of Web interChange to view and print the RA
- The RA is available via Web interChange for four weeks
  - After the fourth week, the oldest RA is purged and is no longer available online



# Check/RA Inquiry

Allows providers to view and print RAs

The screenshot shows a web browser window with the title "Check/RA Inquiry". The browser's address bar shows the URL "http://www.dcsmedicaid.org/Check/RA Inquiry". The page has a navigation menu on the left with links: interChange Home, Indiana Medicaid, Birth Expenditures, Check/RA Inquiry (highlighted), Claim Inquiry, Claim Submission, CS Notif Inquiry, Eligibility Inquiry, MRO Inquiry, NOP Inquiry, PA Inquiry, Pharm Member Profile, Provider Profile, User Lists, User Profile, Help, FAQ, How to Obtain an ID, Contact Us, Logon, and Logoff.

The main content area is titled "Check/RA Inquiry" and contains a "Search Criteria" section. This section has radio buttons for "NPI" (selected) and "Legacy Provider ID". Below these are input fields for "NPI:", "MCO ID:", "Region:", "Check Number:", "From Date:" (set to 01/18/2011), and "To Date:" (set to 02/23/2011). There are "Search" and "Reset" buttons.

Below the search criteria is a table with the following columns: Date, Provider ID, Service Loc, Check #, Type, Status, Amount, and Download RA. The table contains six rows of data:

Date	Provider ID	Service Loc	Check #	Type	Status	Amount	Download RA
02/23/2011		C	<a href="#">90318</a>	EFT	Issued	\$38,190.00	
02/16/2011		C	<a href="#">90317</a>	EFT	Issued	\$33,374.00	
02/09/2011		C	<a href="#">90316</a>	EFT	Cleared	\$23,623.36	
02/02/2011		C	<a href="#">90316</a>	EFT	Cleared	\$30,580.80	
01/26/2011		C	<a href="#">90315</a>	EFT	Cleared	\$38,984.05	
01/19/2011		C	<a href="#">90315</a>	EFT	Cleared	\$38,717.00	

A blue arrow points to the "Download RA" column, specifically to the download icon for the row dated 01/26/2011.

Two text boxes are overlaid on the screenshot:

- A box on the left says: "Information displayed for each check/EFT"
- A box on the right says: "Click on icon to download RA"

# Find Help

Resources Available

# Helpful Tools

- IHCP website at [indianamedicaid.com](http://indianamedicaid.com)
- IHCP Provider Manual
- Customer Assistance
  - 1-800-577-1278 toll-free
  - (317) 655-3240 in the Indianapolis local area
- Provider Relations Field Consultants

# Q&A

